

Entered 5-7-99 - sb

00-R-1023

CL 99L0271 - GWENDOLYN BURNS

CLAIM OF: **TONYA L. MURPHY**

1246 Forest Hill Drive
Lower Gwynedd, PA 19002

For bodily injury alleged to have been sustained as a result of a broken storm drain on April 7, 1999 at International Boulevard & Peachtree Center Avenue.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

CONSENT AGENDA

ADVERSED REPORT

COM. P.S. L.A.

DATE 7/11/00

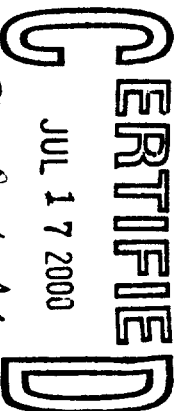
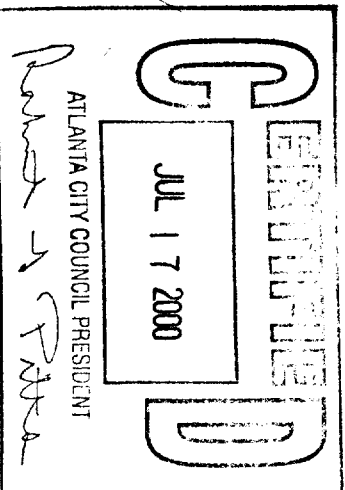
ADVERSED BY
CITY COUNCIL JUL 17 2000

CH. T. Murphy

Ch. T. Murphy

(initials)

Ch. T. Murphy



Robert A. Pitts
MUNICIPAL CLERK



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

July 28, 2000

Tonya L. Murphy
1246 Forest Hill Drive
Lower Gwynedd, PA 19002

00-R-1023

Dear Ms Murphy:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on July 17, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: **Claims Division/Law Department**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0271

Date: June 28, 2000

Claimant /Victim TONYA L. MURPHY
BY: (Atty) (Ins. Co.) _____
Address: 1246 Forest Hill Drive, Lower Gwynedd, PA19002
Subrogation: _____ Claim for damages \$ _____ Bodily Injury \$ 300.00
Date of Notice: 11/15/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 4/7/99 Place: Lake Forest & Rose Court
Department PUBLIC WORKS Division Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that she sustained bodily injuries when she stepped on a broken storm drain. However, an investigation determined that the City did not have any record of any complaints or problems occurring at this location.


INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

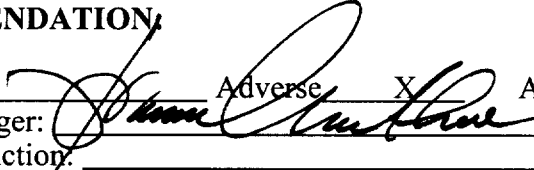
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 06-29-00
Committee Action: _____ Council Action _____

FORM 23-61

00- R -1023

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 4/9/99

APR 28 1999

Dear Municipal Clerk:

04-20-00000:59 20VD
ENTERED - 5-7-99 - SB
99L0271 - MIKE REEVES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ 300.00 bodily injury for which I contend the City is liable.

1. Date of incident: 4/7/99 (month/day/year) 2. Time of Incident: 5:45 3. Police called: X Yes No
4. Location of incident (including street address): Lake Forest & Rose Court (Chastain Park)
5. Name of your insurance company: N/A Policy No. _____
6. State what and how incident occurred: Walking dog and stepped on drainage grate. Missing pieces, dog went through to knee, resulting in a "padly" cut & lacerated leg. & Missed two days of work because of injuries.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: SEAN Murphy 1246 Forest Hill Rd 215-646-2430
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Tanya L. Murphy
Signature of Claimant

Tanya L. Murphy
(Print, Claimant's Name)

1246 Forest Hill Rd
(Address)

Lower Gwynedd, PA 19002
(City, State and Zip Code)

N/A 215-646-2430
(Work Number) (Home Number)

404-816-5554
before April 23, 1999

* Living in Atlanta at
time of accident.
* pictures of injury available